

multiple dependent claim
fee calculation sheet
(for use with form 10-73)

10-149,486
APPLICANT

CLAIMS

NO.	AS FILED		AFTER RE-AMENDMENT		AFTER FURTHER AMENDMENT		NO.	NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	5				5		56		
7							57		
8	/						58		
9							59		
10	/						60		
11	12						61		
12	12						62		
13	12						63		
14	21						64		
15	22						65		
16							66		
17	109						67		
18	127						68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		1				TOTAL IND.	1	
TOTAL DEP.	26	28	18	19			TOTAL DEP.	28	29
TOTAL CLAS.	27		19				TOTAL CLAS.	29	